



JUN-25-2003 12:18 FROM ST ONGE

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P.02/03

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
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24126 7590 03/25/2003

ST. ONGE STEWARD JOHNSTON & REENS, LLC
986 BEDFORD STREET
STAMFORD, CT 06905-5619

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Beatrice R. Emerson

(Depositor's name)

Beatrice R. Emerson

(Signature)

June 25, 2003

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/757,893 | 01/10/2001 | Michael Erath | 03141-P0353B | 8071 |

TITLE OF INVENTION: TORCH GLASSWARE FOR USE WITH INDUCTIVELY COUPLED PLASMA-OPTICAL EMISSION SPECTROMETER

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$650 | \$300 | \$950 | 06/25/2003 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------------|----------|----------------|
| TREMBLAY, MARK STEPHEN | 2827 | 356-316000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) **ST. ONGE STEWARD JOHNSTON & REENS LLC**
the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 & REENS LLC

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PerkinElmer Instruments LLC

Shelton, CT

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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06/26/2003 AWONDAF2 00000027 09757893

01 FC:2501

650.00 OP

02 FC:1504

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PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033

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